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State/Territory Name: Georgia

State Plan Amendment (SPA) #: 17-0015

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Atlanta Regional Office
61 Forsyth Street, Suite 4T20
Atlanta, Georgia 30303



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

January 12, 2018

Mr. Blake Fulenwider
Deputy Commissioner, Medicaid Chief
Georgia Department of Community Health
2 Peachtree Street, N.W., Suite 36-450
Atlanta, GA 30303

Re: Georgia State Plan Amendment 17-0015

Dear Mr. Fulenwider:

We have reviewed the proposed Georgia state plan amendment, GA 17-0015, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on November 17, 2017. This amendment adds coverage of Autism Spectrum Disorder (ASD) services, and enrollment and reimbursement of Board Certified Behavior Analysts for providing ASD services.

Based on the information provided, the Medicaid State Plan Amendment GA 17-0015 was approved on January 11, 2018. The effective date of this amendment is January 1, 2018. We are enclosing the approved HCFA-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Etta Hawkins at (404) 562-7429 or Etta.Hawkins@cms.hhs.gov; or Amr Ali at Amr.Ali@cms.hhs.gov; 404-562-7338.

Sincerely,

//s//

Charles A. Friedrich, MPA
Acting Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 17-015	2. STATE GEORGIA
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE: January 1, 2018	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>):			
<input type="checkbox"/> NEW STATE PLAN <input checked="" type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 C.F.R. § 433.51		7. FEDERAL BUDGET IMPACT: FFY 2018: \$10,288,880 FFY 2019: \$18,220,768	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Coverage: 3.1A, Pages 2 – 7. Reimbursement: 4.19 G, Page 1.		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): New pages. Not applicable.	
10. SUBJECT OF AMENDMENT: Medical Assistance Plans, State Plan Amendment: Enroll Board Certified Behavior Analysts as Providers, and Reimburse for Adaptive Behavior Services			
11. GOVERNOR'S REVIEW (<i>Check One</i>):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Single State Agency Comments Attached.	
12. SIGNATURE OF STATE AGENCY OFFICIAL: //s//		16. RETURN TO: Department of Community Health Division of Medicaid 2 Peachtree Street, NW, 36 th Floor Atlanta, Georgia 30303-3159	
13. TYPED NAME: Blake Fulenwider			
14. TITLE: Deputy Commissioner, Chief Division Of Medical Assistance Plans			
15. DATE SUBMITTED: November 17, 2017			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 11/17/17		18. DATE APPROVED: 01/11/18	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 01/01/18		20. SIGNATURE OF REGIONAL OFFICIAL: //s//	
21. TYPED NAME: Charles A. Friedrich, MPA		22. TITLE: Acting Associate Regional Administrator Division of Medicaid & Children's Health Operations	
23. REMARKS: Approved with the following changes to block 7 and 8 as authorize by state agency on emails dated 12/21/17, 01/04/18 and 01/05/18.			
Block #7 changed to read: FFY 20.18 \$22,374,233 and Fi:Y 2019 \$39,622,941. Block#8 changed to read: Attachment 3.1-A Pages 6(a),2, 6(a)3, 6(a)4 and 6(a)5; Attachment 4.19-B Page 15.			

Treatment Descriptions and Authorized Providers.

Code	Description	Authorized Provider Type
Adaptive Behavior Treatment	Adaptive behavior treatment addresses the patient's specific target problems and treatment goals as defined in assessments. Adaptive behavior treatment is based on principles including analysis and alternation of contextual events and motivating factors, stimulus-consequence strategies and replacement behavior, and monitoring of outcome metrics. Goals of adaptive behavior treatment may include reduction of repetitive and aberrant behavior, and improved communication and social functioning. Adaptive behavior skills tasks are often broken down into small, measurable units, and each skill is practiced repeatedly until the member masters it. Adaptive Behavior Treatment by protocol, administered by Authorized Provider Type, face-to-face with one patient; first thirty (30) minutes of the Authorized Provider Type's time. Additional (30) minute increments are authorized in accordance with medical necessity. Adaptive Behavior Treatment can be provided on in an individual, group, family or multi-family setting.	Physicians Psychologists BCBA-D BCBA BCaBA RBT who meets the minimum one year of required experience
Adaptive Behavior Treatment with Protocol Modification	Adaptive Behavior Treatment with Protocol Modification includes skills training delivered to a patient who has poor emotional responses and/or deviation in rigid routines. The practitioner introduces small, incremental changes to the patients expected routine along one or more stimulus areas. More intrusive changes in routines are faded into preferred daily activities until the member appropriately tolerates typical variation in daily activities without poor emotional responses. The service may include demonstration of new or modified protocol for a technician, guardian, and/or caregiver. The practitioner modifies the past protocol targeted for desired results to incorporate changes in the context and environment. Adaptive Behavior Treatment with protocol modification administered by Physician or other Authorized Provider Type with one patient; first thirty (30) minutes of patient face-to-face time. Additional (30) minute increments are authorized in accordance with medical necessity.	Physicians Psychologists BCBA-D BCBA BCaBA RBT who meets the minimum one year of required experience

Observational Behavioral Follow-up Assessment	<p>Observational Behavioral Follow-up Assessment is designed by the practitioner to identify and evaluate factors that may impede the expression of adaptive behaviors. The assessment utilizes structured observation and/or standardized and non-standardized tests to determine the levels of adaptive behavior. It enables the practitioner to evaluate a member's social behavior to determine if the patient has a particular set of social skills, as well as the contexts in which social responses are either likely or unlikely to occur. Practitioners may assess cooperation, motivation, visual understanding, receptive and expressive language, imitation, request, labeling, play and leisure, and social interactions. Observational Behavioral Follow-up assessment, includes, Physician or other Authorized Provider Type direction with interpretation and report, administered by one of the Authorized Provider Type; first thirty (30) minutes of the Authorized Provider Type's time, face-to-face with the patient. Additional (30) minute increments are authorized in accordance with medical necessity.</p>	<p>Physicians Psychologists BCBA-D BCBA BCaBA RBT who meets the minimum one year of required experience</p>
Exposure Behavioral Follow-up Assessment	<p>Exposure behavioral follow-up assessments is designed by the practitioner to manipulate or stage environmental or social contexts to examine triggers, events, cues, responses, and consequences associated with maladaptive destructive behavior(s). This service requires the practitioner to provide on-site direction to technicians providing direct service. Exposure behavioral follow-up assessment often requires the use of protective gear and/or padded room to avoid injuries to patient and others. Exposure Behavioral Follow-up assessment, includes Physicians or other Authorized Provider Type, direction with interpretation and report, administered by Physician or Authorized Provider Type with the assistance of one or more Authorized Provider Type; first thirty (30) minutes of the Authorized Provider Type's, face-to-face with the patient. Additional (30) minute increments are authorized in accordance with medical necessity.</p>	<p>Physicians Psychologists BCBA-D BCBA BCaBA RBT who meets the minimum one year of required experience</p>

Autism Spectrum Disorder Services. Services to treat Autism Spectrum Disorders (ASD), as defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, include assessment and treatment services provided to Medicaid beneficiaries in accordance with Early and Periodic Screening, Diagnostic and Treatment (EPSDT) standards and according to medical necessity. Pursuant to 42 CFR 440.130(c), services must be recommended by a licensed physician or other licensed practitioner of the healing arts acting within their scope of practice under state law to prevent the progression of ASD, prolong life, and promote the physical and mental health and efficiency of the individual.

Prior Authorization is required for all services. Services are authorized in two parts, 1) Assessment, and 2) Treatment Plan and Services. An Assessment is the administration of an industry standard assessment tool, and is required to substantiate services. A Treatment Plan is a plan of care required to coordinate treatment.

Georgia Medicaid will enroll Board Certified Behavioral Analysts (BCBA) to provide ASD treatment services. The BCBA must have a graduate-level certification in behavior analysis. Providers who are certified at the BCBA level are independent practitioners who provide behavior-analytic services. In addition, BCBA's supervise the work of Board Certified Assistant Behavior Analysts (BCaBA), Registered Behavior Technicians (RBT), and others who implement behavior-analytic interventions.

The following providers are authorized to provide ASD services:

- BCBA-D: Board Certified Behavior Analyst: Doctoral Level. A doctoral level practitioner qualified to diagnose and provide direct services and supervise BCBA's.
- BCBA: Board Certified Behavior Analyst. Masters/graduate level independent practitioners who provide behavior-analytic services. May supervise the work of Board Certified Assistant Behavior Analysts, Registered Behavior Technicians, and others who implement behavior-analytic interventions.
- BCaBA: Board Certified Assistant Behavior Analyst. Bachelor's level practitioner, must be supervised by BCBA/BCBA-D; can supervise Registered Behavior Technicians.
- RBT: Registered Behavior Technicians. Paraprofessional who implements the service plan under supervision of a Certified Behavior Analyst or Certified Assistant Behavior Analyst.

Assessment Descriptions.

Service	Description	Authorized Provider Type
Behavior Identification Assessment	Behavior identification assessment, by the Physician or other Authorized Provider Type, face-to-face with patient and caregiver(s), includes administration of standardized and non-standardized tests, detailed behavioral history, patient observation and caregiver interview, interpretation of test results, discussion of findings and recommendations with the primary guardian(s)/caregiver(s), and preparation of report for plan of care.	Physicians Psychologists BCBA-D BCBA

Adaptive Behavior Treatment Social Skills Group	Adaptive Behavior Treatment Social Skills Group is administered by a practitioner in a social skills group. The practitioner monitors the needs of the individual and adjusts therapeutic techniques in real-time to address targeted social deficits and problem behaviors using modeling, rehearsing, and corrective feedback. The practitioner develops group activities in which each patient has an opportunity to practice encounters. Adaptive Behavior Treatment Social Skills Group, administered by Physician or other Authorized Provider Type, face-to-face with multiple patients.	Physicians Psychologists BCBA-D BCBA BCaBA RBT who meets the minimum one year of required experience
Exposure Adaptive Behavior Treatment with Protocol Modification	Exposure adaptive behavior treatment with protocol modification requires staged environmental conditions to train appropriate alternative responses under the environmental contexts that typically evoke problem behavior. Exposure adaptive behavior treatment addresses one or more specific destructive behaviors. Practitioners directs the sequence of events utilizing real time observation. Exposure Adaptive Behavior Treatment with protocol modification requiring two (2) or more Authorized Provider Type for severe maladaptive behavior(s); first sixty (60) minutes of the Authorized Provider Type's time, face to face with patient. Additional (30) minute increments are authorized in accordance with medical necessity.	Physicians Psychologists BCBA-D BCBA BCaBA RBT who meets the minimum one year of required experience

Autism Spectrum Disorder Services Reimbursement. Services to treat Autism Spectrum Disorders (ASD), as defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, include assessment and treatment services provide to Medicaid beneficiaries in accordance with Early and Periodic Screening, Diagnostic and Treatment (EPSDT) standards and according to medical necessity. Pursuant to 42 CFR 440.130(c), services must be recommended by a licensed physician or other licensed practitioner of the healing arts acting within their scope of practice under state law to prevent the progression of ASD, prolong life, and promote the physical and mental health and efficiency of the individual.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Autism Spectrum Disorder Services. The agency's fee schedule rate was set as of January 1, 2018 and is effective for services provided on or after that date, and is located

at: <https://www.mmis.georgia.gov/portal/PubAccess.Provider%20Information/Fee%20Schedules/tabId/56/Default.aspx>.